Case 04-40639 Doc 1 Filed 11/02/04 Entered 11/02/04 14:33:38 Desc Petition

United States Bankruptcy Cour Northern District of Illinois Eastern Division					Л 4		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): HICKS, DARLENE M.				Name of Joint Debtor (Spouse)(Last, First, Middle):			
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):			
Soc. Sec./Tax I.D. No. (if more than one, state all): 333-54-5774				Soc. Sec./Tax I.D. No. (if more than one, state all):			
Street Address of Debtor (No. & Street, City, State & Zip Code): 7618 S. HOYNE AVE. CHICAGO, IL 60620				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):			
CHICAGO, IL 60620  County of Residence or of the Principal Place of Business: COOK  Mailing Address of Debtor (if different from street address):				County of Residence or of the County of Residence or Business:			
Mailing Address of Debtor (if diffe	rent from stree	Chapter taddress):	10111	Maili	ng Address	s of Joint De	btor (if different from street address):
Location of Principal Assets of Bus (if different from street address above):							
lr.	formation I	Regarding t	he Deb	tor (C	Check the	e Applica	ble Boxes)
<ul> <li>Venue (Check any applicable box)</li> <li>✓ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</li> <li>☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</li> </ul>							
Type of Debtor (Check all boxes that apply)  ☐ Individual(s) ☐ Railroad ☐ Corporation ☐ Stockbroker ☐ Partnership ☐ Commodity Broker ☐ Other ☐ Clearing Bank				Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box)  Chapter 7			
Nature of Debts (Check one box)  ✓ Consumer/Non-Business ☐ Business				Filing Fee (Check one box)  ☐ Full Filing Fee Attached			
Chapter 11 Small Business (Check all boxes that apply)  □ Debtor is a small business as defined in 11 U.S.C. § 101 □ Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)				Fil M tha	ling Fee to bust attach sign at the debtor	e paid in insta gned applicati	allments (Applicable to individuals only) on for the court's consideration certifying pay fee except in installments. Form No. 3.
Statistical/Administrative Information (Estimates only)  Debtor estimates that funds will be available for distribution to unsecured creditors.  Debtor estimates that, after any exempt property is excluded and administrative expenses paid, the be no funds available for distribution to unsecured creditors.  THIS SPACE IS FOR COURT USE ONLY USE							
Estimated Number of Creditors	1-15 16-4 □ ☑		100-199	200-9		Filed: Time:	14:35:24
Estimated Assets  \$0 to \$50,001 to \$100,001 to \$50,000 \$100,000 \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,0 \$50 mil	llion	\$50,000,001 \$100 millio.	Chapte	04-40639 Fee: 100 r: 13 Rec. #: 3109229 Jacqueline Cox g: 11/30/2004 @ 12:30PM
Estimated Debts  \$0 to \$50,001 to \$100,001 to \$50,000  \$100,000 \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,0 \$50 mil	lion	\$50,000,001 \$100 million	ConfHr Truste	g: 12/20/2004 @ 10:30AM

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Voluntary Petition (This page must be completed and filed in every case)	Name of Debtor(s): DARLENE M. HICKS				
	Years (If more than one, attach additional sheet)				
Location Where Filed: NONE	Case Number:	Date Filed:			
Pending Bankruptcy Case Filed by any Spouse, Partner or A	Affiliate of this Debtor (If more than one,	attach additional sheet)			
Name of Debtor: NONE	Case Number:	Date Filed:			
District:	Relationship:	Judge:			
Sigr	natures				
Signature(s) of Debtor(s) (Individual/Joint)  I declare under penalty of perjury that the information provided in this petition is true and correct.  [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.	Exhibit A  (To be completed if debtor is required to file periodic reports (e.g., forms 10Kand 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)  Exhibit A is attached and made a part of this petition.				
I request relief in accordance with the chapter of title 11, United States Code, specified in this patition.  X Signature of Debtor  X Not Applicable Signature of Joint Debtor  Telephone Namber (If not represented by attorney)	Exhibit B  (To be completed if debtor is an individual whose debts are primarily consumer debts)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or [3] of title [1]. United States Code, and have explained the relief available under each such shapter  Signature of Attorney for Debtor(s)  Date				
Signature of Attorney  Signature of Attorney  Signature of Attorney  Final deus L. Wilson, 6226383  Printed Name of Attorney for Debtor(s) / Bar No.	Does the debtor own or have possession of or is alleged to pose a threat of imminent public health or safety?  Yes, and Exhibit C is attached and No  Signature of Non-Attorne I certify that I am a bankruptcy petition prepare:	f any property that poses and identifiable harm to made a part of this petition.  y Petition Preparer r as defined in 11 U.S.C. 8 110			
Brookins & Wilson Firm Name	that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.				
100 N. LaSalle Street Suite 1710	Not Applicable				
Address Chicago, IL 60602  (312) 360-0888  (312) 360-0893	Printed Name of Bankruptcy Petition Preparation  Social Security Number				
Telephone Number  Date  (312) 360-0893	Address				
Signature of Debtor (Corporation/Partnership)  I declare ur der penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.	Names and Social Security numbers of all of or assisted in preparing this document:	ther individuals who prepared			
X Not Applicable	If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  X Not Applicable				
Signature of Authorized Individual					
Printed Name of Authorized Individual	Signature of Bankruptcy Petition Preparer				
Trance Frame of Audiorized Engividual	Date				
Title of Authorized Individual	A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines				
Date	or imprisonment or both. 11 U.S.C. § 110; 18 U.	S.C. § 156.			

## Case 04-40639 Doc 1 Filed 11/02/04 Entered 11/02/04 14:33:38 Desc Petition Page 3 of 4 AMRICASH LOANS LLC P.O. BOX 9130 FORT WORTH, TX 76147 PES DIFF.

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DES PLAINES, IL 60016 AURORA, IL 60572-8229

AT&T WIRELESS

BROTHER LOAN AND FINANCE 7621 W. 63RD STREET SUMMIT, IL 60501 SUMMIT, IL 60501

CARSON PIRIE SCOTT

331 W. WISCONSIN AVENUE

MILWAUKEE, WI 52203

CARSON PIRIE SCOTT

C/O NATIONAL ASSET RECOVERY, I

2880 DRESDEN DRIVE SUITE 200 ATLANTA, GA 30341

CHICAGO, IL 60601

CHICAGO, IL 60604

CITY OF CHICAGO

DEPARTMENT OF REVENUE

DEPARTMENT OF WATER

121 N. LASALLE STREET

EOOM 107

CITY OF CHICAGO

DEPARTMENT OF WATER

BANKRUPTCY/CREDIT DEPARTMENT

2100 SWIFT DRIVE
OAK BROOK, IL 60523

C/O AMERICAN RECOVERY SYSTEMS I 2559 W. 79th STREET P.O. BOX 5519 1699 WALL STREET, SUITE 300 CHICAGO, IL 60652 MT PROSPECT, IL 60056-5788

COUNTRY INSURANCE AND FINANCIA DR. STANSBY A. PORTER & ASSOCIA FIRST PREMIER BANK

SIOUX FALLS, SD 57117

HISDALE HOSPITAL C/O NORTH AMERICAN CREDIT SERVI C/O AMERICA'S RECOVERY NETWORK P.O. BOX 514577 2810 WALKER ROAD, SUITE 100 P.O. BOX120643 LOS ANGELES, CA 90051 CHATTANOGA, TN 37421

K-MART COVINGTON, KY 41012-0643 OCWEN FEDERAL BANK FSB

FEOPLES GAS

SBC COMMUNICATIONS

STATE FARM INSURANCE

C/O THOMAS GEORGE ASSOCIATES,

THE PRUDENTIAL BUILDING

SERVICE CENTER

TO BOX 420

CHICAGO, IL 60601

SBC COMMUNICATIONS

STATE FARM INSURANCE

C/O THOMAS GEORGE ASSOCIATES,

INSURANCE RECOVERY DIVISION

P.O. BOX 30

LITTLE FALLS, NJ 07424

EAST NORTHPOINT, NY 11731 PEOPLES GAS

SBC COMMUNICATIONS

VISA P.O. Box 77043 Madison, WI 53707

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## **UNITED STATES BANKRUPTCY COURT**

## Northern District of Illinois **Eastern Division**

In re:

DARLENE M. HICKS 333-54-5774

Case No	-	<del></del>
Chapter	13	

## VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors, consisting of 1 sheet(s) is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

DARLENE M. HICKS

Thaddeus L. Wilson

Bar No.

6226383